

31-E  
R.C. 3517.10(B)

Event Date 10/1/09  
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## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Priscilla Tyson				
Full Name of Contributor Marlene R. Miller			Registration Number, if PAC	
Street Address 3040 Elbern Avenue	Employer/Occupation/Labor Organization* Miller Public Relations		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Columbus	State O   H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Sharron Miller			Registration Number, if PAC	
Street Address 10166 Widdington Close	Employer/Occupation/Labor Organization* Unemployed		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Powell	State O   H	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Angela Mingo			Registration Number, if PAC	
Street Address 8406 Leisner Avenue	Employer/Occupation/Labor Organization* Children's Hospital		M   D   Y 0   9   3   0   0   9	Amount 50.00
City New Albany	State O   H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Marchelle Moore			Registration Number, if PAC	
Street Address 7918 Slate Ridge Boulevard	Employer/Occupation/Labor Organization* Attorney		M   D   Y 1   0   0   1   0   9	Amount 80.00
City Reynoldsburg	State O   H	Zip Code 43068	Form(Cash,Check,etc) Cash	
Full Name of Contributor Kathleen Murphy			Registration Number, if PAC	
Street Address 2416 Southway Drive	Employer/Occupation/Labor Organization* MurphyEpson		M   D   Y 1   0   0   1   0   9	Amount 75.00
City Columbus	State O   H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Veda C. Nami			Registration Number, if PAC	
Street Address 7271 Landon Lane	Employer/Occupation/Labor Organization* Unemployed		M   D   Y 1   0   0   1   0   9	Amount 250.00
City New Albany	State O   H	Zip Code 43054	Form(Cash,Check,etc) Check	
Full Name of Contributor Dannette Palmore			Registration Number, if PAC	
Street Address 155 West Main Street, Suite 1704	Employer/Occupation/Labor Organization* Lobbyist, Policyworks		M   D   Y 1   0   0   9   0   9	Amount 375.00
City Columbus	State O   H	Zip Code 43215	Form(Cash,Check,etc) Check	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 980.00